

Please type a plus sign in this box:



PTO/SB/01 (3-97)

Approved for use through 6/30/98. OMB 0651-0032
Patent and Trademark Office; US DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION		Attorney Docket No.	71542-0002	
		First Named Inventor	Todd DeBruyne	
		COMPLETE IF KNOWN		
		Application No.		
		Filing Date		
<input checked="" type="checkbox"/> Declaration submitted with or initial filing	<input type="checkbox"/> Declaration submitted after initial filing	Group Art Unit		
		Examiner Name		

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (only if one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PARTIAL STROKE VALVE TEST APPARATUS

(Title of the Invention)

the specification of which

☒ is attached hereto
or

☐ was filed on _____, as United States Application Number or PCT International Application Number: _____ and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119 (a)-(d) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YY)	Priority Not Claimed	Certified Copy Attached	
				YES	NO
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number (s)	Filing Date (MM/DD/YY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/319,878	01/17/03	

Please type a plus sign in this box:



PTO/SB/01 (3-97)

Approved for use through 6/30/98. OMB 0651-0032
Patent and Trademark Office; US DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

DECLARATION - Utility Or Design Patent Application							
I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the matter provided by the first paragraph of Title 35, United States Code §112. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.							
U.S Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)				
<input type="checkbox"/> Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.							
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: <input checked="" type="checkbox"/> Customer Number 20915 Or <input type="checkbox"/> Registered practitioner(s) name/registration number listed below							
		Place Customer Number Bar Code Label Here					
Name	Registration No.	Name	Registration No.				
John E. McGarry	22,360	G. Thomas Williams	42,228				
Joel E. Bair	33,356	Michael F. Kelly	50,859				
Mark A. Davis	37,118						
<input type="checkbox"/> Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.							
Direct all correspondence to <input checked="" type="checkbox"/> Customer Number or Bar Code Label		20915		or <input type="checkbox"/> Correspondence Address below			
Name	John E. McGarry, Reg. No. 22,360 McGarry Bair PC						
Address	171 Monroe Avenue, NW, Suite 600						
City, State, Zip	Grand Rapids, Michigan 49503						
Country	US	Telephone	616-742-3500	Fax	616-742-1010		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
Name of Sole or First Inventor		<input type="checkbox"/> A petition has been filed for this unsigned inventor.					
Given Name (first and middle [if any])				Family Name or Surname			
Todd W.				DeBruyne			
Inventor's Signature						Dated 9/4/2003	
Residence: City	West Olive	State	MI	Country	US	Citizenship	US
Post Office Address	9485 S. Cedar Drive						
City	West Olive	State	MI	Zip	49460	Country	US
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental additional inventor(s) sheet(s) PTO/SB/02A attached hereto.							